



City of Deltona
Building and Enforcement Services
2345 Providence Blvd, Deltona, FL 32725
Ph (386)878-8650 – Fax (386)878-8651

PERMIT No. _____

PARCEL/TAX ID No. _____

BUILDING PERMIT APPLICATION

TYPE OR PRINT IN
BLACK OR BLUE
INK ONLY

FBC 2010 NEC 2008

**PROJECT
LOCATION**
(Building Address)

**PROJECT
DESCRIPTION**

Owner's Name	Mailing Address (Include City and Zip)	Phone: () -
	E-mail Address	Fax: () -
Contractor/ Company's Name/License No.	Mailing Address (Include City and Zip)	Phone: () -
	E-mail Address	Fax: () -
Architect of Record	Mailing Address (Include City and Zip)	Phone: () -
	E-mail Address	Fax: () -
Roofing Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone: () -
Plumbing Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone: () -
Gas Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone: () -
Electrical Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone: () -
HVAC Contractor/Company Name/License No.	Mailing Address (include City and Zip)	Phone: () -

PROJECT <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Other <input type="checkbox"/> Move	AREA Living _____ Sq. Ft. Garage _____ Sq. Ft. Porch _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____ Sq. Ft.	ELECTRICAL Entrance Panel Size: _____ amp <input type="checkbox"/> FPL <input type="checkbox"/> PE	WATER <input type="checkbox"/> Municipal <input type="checkbox"/> Well Permit No. _____	TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____	STORIES <input type="checkbox"/> One Story <input type="checkbox"/> Two Story <input type="checkbox"/> Other: _____
FOUNDATION <input type="checkbox"/> Mono <input type="checkbox"/> Stem Wall	PLUMBING <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Permit No. _____	ESTIMATED VALUATION : \$ <div style="display: flex; justify-content: space-between;"><div>Signature of Applicant (Contractor's Signature to be notarized)</div><div>Date</div></div>			

STATE OF FLORIDA, COUNTY OF _____
Affirmed and subscribed before me this _____ day of _____ 20____ by _____ who is personally known to me or who has produced _____ (type of ID) identification.

Signature of Notary Public State of Florida Print, Type or Stamp Name of Notary (SEAL):

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. Have permit/ number and confirmation # when requesting inspections, call 386-575-6900/407-936-9999. The inspection will be done the following business day.

APPROVAL CONDITIONS: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. It is an administrative directive of the City, in keeping with standard industry practice and to limit the liability of the City, that no building permit be issued to the applicant until all related local, state and federal permits have been approved and provided to the appropriate City department.

PERMIT EXPIRATION - Permit expires 180 days from date issued unless otherwise noted below or governed by law.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Florida Statue 713.135

PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE: _____